Michigan Medicaid Outpatient Therapy Services
Database Explanation

This document contains information for interpreting the Michigan Medicaid Outpatient Therapy Services Database. The database contains the covered outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) services for the following Medicaid enrolled providers:

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Agency
- CARF-Accredited Medical Rehabilitation Program
- CAA-Accredited University Graduate Education Program

The database is available in two formats:

- PDF excel file for viewing and/or printing a page
- WINZIP self-extracting executable Excel file for downloading data onto your computer

The Outpatient Therapy Services Database includes the following data elements:

- Revenue Codes
- HCPCS Code
- Required Modifier
- Code Description
- Status Code
- Maximum Fee
- Limits
- Prior Authorization (PA) Indicator
- Age Limits

The database is divided into two sections. The first section lists HCPCS codes for OT and PT services and the second section lists HCPCS codes for ST services.

Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or email to ProviderSupport@michigan.gov. Include your name, affiliation and phone number for contact information.

Data Element	Description
Revenue Code	Revenue codes must be billed along with the appropriate HCPCS codes. 042x revenue codes are used to bill for PT services, 043x revenue codes are used to bill for OT services and 044x revenue codes are used to bill for ST services. The "x" denotes the revenue code subcategory.
HCPCS Code	The HCPCS Level 1 or Level 2 code used to denote a service.
Required Modifier	The following modifiers are required for those HCPCS codes Medicaid has determined could be billed by both an OT and a PT on the same date of service. **GO -** Services delivered under an outpatient occupational therapy plan of care **GP -** Services delivered under an outpatient physical therapy plan of care
Code Description	The description of the service associated with the HCPCS code.
Status Code	Indicates if a code is active (covered) when the database is published and whether additional information is required. **A** - Active code **M** - Additional information is required to process the claim **D** - Deleted code since last published database
Maximum Fee	Represents the maximum fee screen Medicaid will pay for the service. If the fee is $0.01, it is individually priced.
Limits	Indicates the maximum quantity of a service that may be reimbursed within the time frame indicated unless an additional quantity has been prior authorized.
Prior Authorization (PA) Indicator	Indicates "Y" if item requires PA and "N" if no PA is required.
Age Limits	Age range in which coverage of the item is considered.